A CLINICAL INSTRUCTION OBSERVATION TOOL

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In nursing the clinical education experienced by a student greatly affects future performance as a nurse. The clinical experience provides opportunity for the student to integrate classroom theory and laboratory skill. It is also often the time when a student and/or the clinical instructor make(s) a decision about whether the student will make a satisfactory nurse or not. The integration of knowledge and skit9 and student evaluation are powerful factors in the preparation of a nurse. These factors are influenced by the clinical instructor's ability to facilitate a smooth transition from learner to practitioner. It would be of value to know what clinical instructors do to assist students in making this transition.

LITERATURE REVIEW

A search of the literature pertaining to clinical instruction leads to the conclusion that little research has been directed toward the basic analysis of clinical teaching behavior. What ace the behaviors associated with the clinical instructor role? Which behaviors are effective? Which are ineffective?

Authors have presented characteristics of effective clinical instructors drawn from clinical incident reports (Heidgerken, 1952; Barham, 1965; Jacobson, 1966) and from literature reviews (Butler & Geitgey, 1970; Rauen, 1974; Kiker, 1973; Norman & Waumann, 1978). Others (Infante, 1975; Guinée, 1978) draw ideas from general education writers such as Jerome Bruner, Robert Gagné and John Dewey and propose the optimum role of a nursing instructor. For example, "Instead of judging the student's practice, the teacher assists the student in investigating his own practice and leaves the valuing process and the decisions to change to the student" (Infante, 1975: 27). None have reported actual descriptions of clinical instruction and those with suggestions on teaching in the clinical area are not specific.

CLINICAL SETTING

Clinical setting is a very broad term encompassing any environment where a nurse interacts with a patient. The more obvious settings are

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hospital wards, clinics, nursing homes and other institutions but could also include private homes, business and industry. One reason why little observation research is done in any field is the necessity of informed consent of all involved. To observe a nurse clinical instructor, not only her permission is required but that of students and patients involved, and usually the management of the institution or industry as well.

OBSERVATION TOOL

The author shadowed four diploma nursing clinical instructors on wards of a large urban teaching hospital. The study form was non-participant observation. Subjects were chosen from those who volunteered after the project was explained to the teaching faculty of one school. The findings are not meant to be representative, so factors such as convenience for researcher and subjects were considered in the choice. During the eight hour observation of each instructor, interactions of patient-student-instructor were tape recorded. Non-verbal behaviors (defined as instruction activities, not facial expressions or voice tones) were manually recorded. These verbal and non-verbal behaviors constituted the data which were coded and analyzed by computer. Once the subject instructors had been chosen, dates for observations were established. On the observation date, all students being clinically supervised by the subject were asked to sign consent forms voluntarily. All patients, assigned to the above mentioned students were approached, informed about the study, and asked to sign consent forms. If a student or patient did not wish to participate (as was the case with one student and one patient) then the observer did not follow the subject instructor when she interacted with either of them.

Table 1

Descriptive Data on Observation Sessions

Subject	Level of Student	Number of Students	Number of Patients	Interaction Time	Number of Behaviors Recorded
1	Senior	5	11	105 min	472
2	Senior	5	21	45 min	261
3	Intermediate	7	7	180 min	818
4	Senior	2	4	30 min	156
Total		19	43	360 min	1707
		4.75	10.7	90 min	426

Direction of *Behavior*

With a minimum of *three* individuals involved in each interaction, the instructor's behavior must be identified by its direction, i.e., toward the student or toward the patient, Occasionally "others" become involved in the interaction, i.e., visitors, other patients, other employees, and this was recorded.

Type of *Behavior*

The behaviors fell into three broad categories: questions, statements and actions. Each category is further divided into specific behavior descriptors.

Question Descriptors

1. closed
2. open-ended
3. rhetoric
4. query
5. direction
6. caution

Closed questions ask for a specific response, usually nothing beyond agreement or disagreement, or age, location, etc.

Open-ended questions allow the respondent to verbalize any amount or type of information he or she chooses.

Rhetoric questions are posed to emphasize a point or introduce a topic and no answer is expected.

A query is posed to ensure that the respondent comprehends a situation, i.e., OK?

A direction is an instruction how to do something in a question format, i.e., You want *to* gut the light on?

A caution is a warning, i.e., Are you sure you want to do that?

Statement Descriptors

1. fact
2. explanation
3. positive acknowledgement
4. negative acknowledgement
5. direction
6. caution
7. opinion
8. encouragement
9. regulatory

Factual statements convey information which is known by actual observation or authentic testimony.

Explanations provide information to make one's meaning clear or to give an account of one's intentions or motives.

Positive acknowledgement admits truth, i.e., OK, yes.

Negative acknowledgement indicates incorrect or inappropriate behavior i.e., no, uh uh.

Directions regulate or guide behavior.

Cautions indicate a warning or monition.

Opinions include beliefs or feelings not based on proven knowledge.

Encouragement indicates statements of positive acknowledgement going beyond validation and expressing superiority, i.e., great, good.

Regulatory statements cover comments used to control or regulate communication or verbalizations of social custom.

Action Descriptors

1. demonstrate
2. assist
3. indicate
4. encourage
5. caution
6. habit
7. nursing practice

Demonstrate means showing by example how to do a task.

Assisting is demonstration when done by a role model but here indicates helping to complete a task, saving time, or lending a hand.

Indicate is the action of pointing at something.

Encouragement is a positive or supporting touch.

Caution is a negative or holding back touch.

Habit indicates a non-functional repetitive behavior.

Nursing practice includes behaviors which must be done to practice safely or efficiently but are not demonstration or assistance, i.e., hand washing.

External Validity

The tape recordings of verbal interactions were transcribed to print with descriptions of non-verbal behaviors integrated as they occurred. Five individuals were invited to independently code a sample of interactions using

the possible combinations of behaviors identified by the author. The reliability scores ranged from .81 to .91.

INSTRUCTOR PROFILES

The observation produced 1707 behaviors. These behaviors were coded into the possible combinations of behaviors and analyzed by computer for percentage distribution of occurrence.

Direction of Behavior

All four instructors directed more than 60 percent of their behavior toward the student. Twenty-six to thirty-six percent was directed toward the patient and only two to six percent was directed toward others.

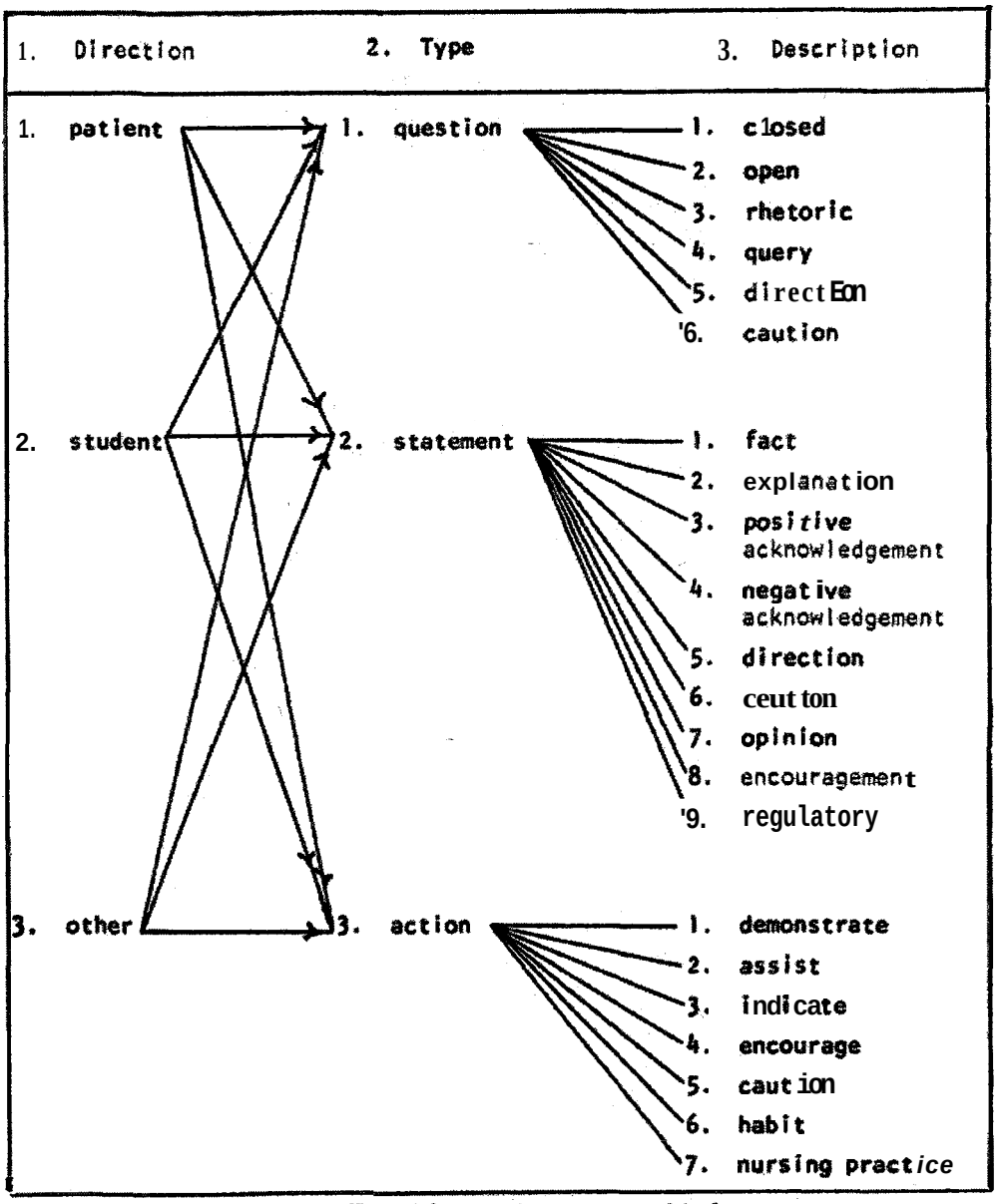

Figure 1. Possible combinations of behaviors.

A bank of profiles made available with expanded use of the tool and correlational studies with student evaluation would provide the instructor with norms of the "desirable" profiles for comparison's sake.

Administrative

Isolated use of this observation tool does not have any place in administrative evaluation an its o m. The small but significant aspect Qf clinical instruction assessed here is but one component of many that compose clinical instruction. The behaviors have not been identified as effective or ineffective in the instruction of student nurses in the clinical area and the value of specific behaviors may change with the circumstances, e.g., factual statements might be more appropriate with beginning students than with students nearing the end of their program.

Developmental

Information generated by repeated use of the tool by all levels of nursing instructors can be used to establish general behavioral norms and provide a basis for building and testing behavioral theory in clinical nursing instruction.

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Table 2

Percentage Distribution of Types of Behavior

Subject	Question	Statement	Action
1	20.6	73.7	5.7
2	21.1	78.9	8.0
3	25.1	67.8	7.0
4	23.1	54.5	22.4
Average	22.4	66.7	10.8

Type of Behavior

In all cases statements composed the largest percentage of the behaviors observed and actions the smallest. The distributions were similar for all subjects, with the exception of the higher percentage of actions for subject four and the lowest percentage of statement behaviors. This phenomenon might be explained by the fact that the patients in the clinical setting of subject four were children. Subject four appeared to touch the children and demonstrated nursing practice with the children more than instructors working with adult patients.

Table 3

Percentage Distribution of Directions of Behaviors

Subject	Student	Patient	Other
1	70.3	26.7	5.7
2	60.9	36.4	2.7
3	63.0	34.5	2.5
4	68.6	26.9	3.8
Average	65.6	31.1	3.7

Analysis

Analysis of the coded data led to a profile of behavior for each instructor. One profile is included as an example of the type of feedback each instructor received.

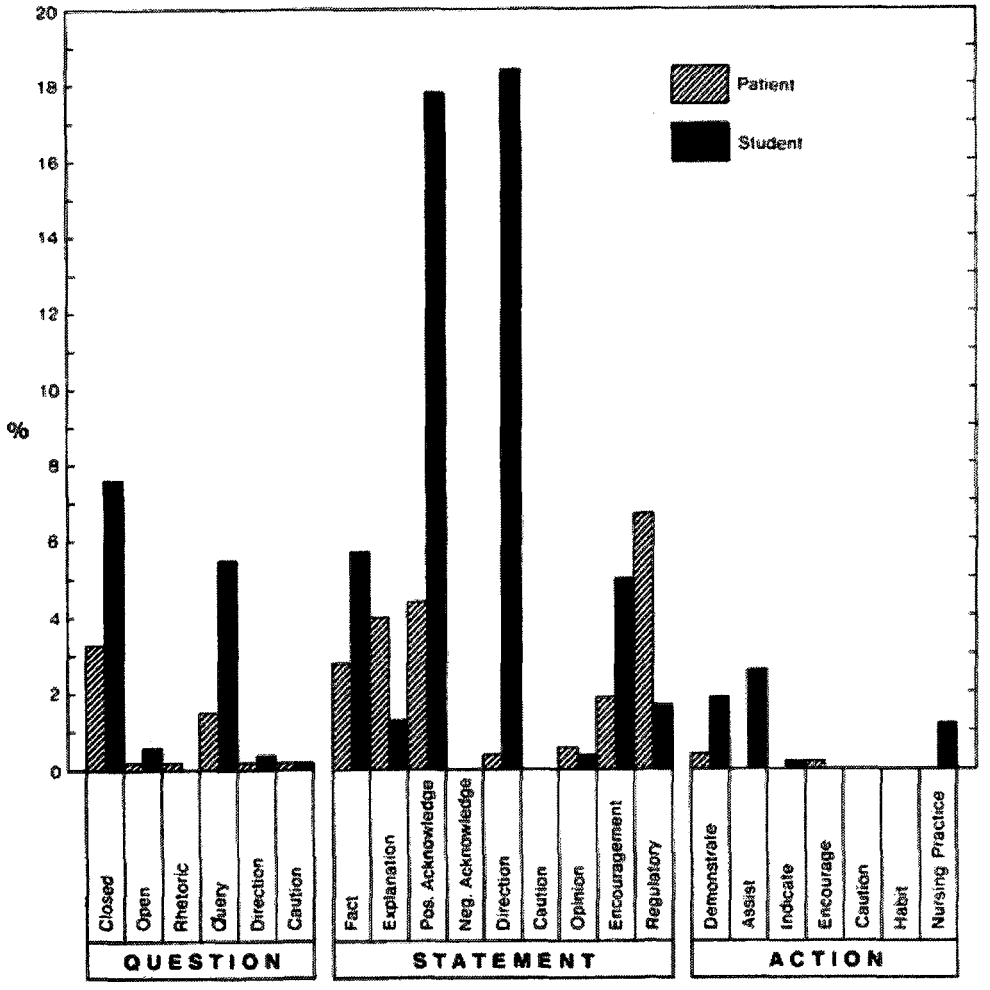

Figure 2. Instructor profile

CONCLUSIONS

An examination of the data indicated the following:

1. The clinical nursing instructors involved in this study used similar types of behavior in the clinical setting.
2. Most observed behaviors of the instructor were directed to the student.
3. Most questions asked were of a closed variety.
4. Most statements used were to give the student positive acknowledgement. This was followed by direction giving and then information giving.
5. Non-verbal behaviors did not have a pattern of frequency of use.
6. Behaviors directed toward the patient were mainly closed questions, fact giving or positive acknowledgement.

IMPLICATIONS FOR USE

Personal

It is particularly difficult for nursing instructors to obtain feedback about their clinical instruction ability. Those individuals normally involved in this setting are often preoccupied. Students are learners and haw the added stress of being observed for the prupose of their evaluation. The patients have their own stresses related to illness and hospitalization, as well as those of being "practiced on" by a student nurse. Neither is in a good position to evaluate clinical instruction. An objective "outsider" with an impersonal check list tool could provide the clinical instructor with a performance profile.

Date:	Subject:	# Students:	# Patients:
Time:			

DIR	Patient																				
	Student																				
	Other																				
QUESTION	Closed																				
	Open																				
	Rhetoric																				
	Query																				
	Direction																				
	Caution																				
STATEMENT	Fact																				
	Explanation																				
	Pos. Acknowledge																				
	Neg. Acknowledge																				
	Direction																				
	Caution																				
	Opinion																				
	Encouragement																				
	Regulatory																				
ACTION	Demonstrate																				
	Assist																				
	Indicate																				
	Encourage																				
	Caution																				
	Habit																				
	Nursing Practice																				

Figure 3. Clinical instruction behavior observation tool